

TOWN OF STONINGTON

152 Elm St., Stonington, CT 06378

860-535-5075

CONNECTICUT STATE BUILDING CODE

APPLICATION FOR BUILDING PERMIT

FOR OFFICE USE ONLY

DATE		APPLICATION NUMBER:			
ESTIMATED COST (LABOR & MATERIALS)		PERMIT FEE: \$			
PROPERTY LOCATION STREET ADDRESS		OTHER FEES: \$			
OWNER'S NAME (AS IT APPEARS IN LAND RECORDS)		TOTAL FEE: \$			
STREET		TOWN	STATE	ZIP CODE	
HOME PHONE NUMBER	WORK PHONE NUMBER	Email Address		MOBILE PHONE NUMBER	
APPLICANT'S NAME (IF OTHER THAN OWNER)					
STREET		TOWN	STATE	ZIP CODE	
WORK PHONE NUMBER	Email Address		FAX NUMBER	MOBILE PHONE NUMBER	
GENERAL / HOME IMPROVEMENT CONTRACTOR			LICENSE NUMBER		
NAME OF SUPERVISOR AT JOB SITE		Email Address		TELEPHONE NUMBER	
PURPOSE OF THIS PERMIT		NEW	ADDITION	ALTERATION	OTHER
DESCRIPTION OF WORK					
PLEASE CHECK APPROPRIATE BOXES					
SEPTIC SYSTEM	CITY SEWER	WELL WATER	CITY WATER	OTHER	
IS THE PROPERTY LOCATED WITHIN THE 100 YEAR FLOOD PLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Flood Zone Designation/Elevation <input type="text"/>					
CERTIFICATION: <input type="checkbox"/> I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR					
<input type="checkbox"/> THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS, AND ORDINANCES. ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
PRINT NAME IN INK					
SIGNATURE (IN INK) OF OWNER/AUTHORIZED AGENT			DATE		
BUILDING OFFICIAL			COMPLETED APPLICATION RECEIVED DATE		

STATE OF CONNECTICUT
WORKERS' COMPENSATION COMMISSION

Building Permit Affidavit for Property Owners or Sole Proprietors
(Conn. Gen. Stat. § 31-286b)

Property located at _____

In the town of _____

Name of building permit applicant: _____

Please check one:

1. ☐ I am the owner of the above property.
2. ☐ I am the sole proprietor of a business.

2A. Name of business _____

2B. Federal Employer Identification Number (FEIN) _____

.....
Pursuant to § 31-286b, "a property owner or sole proprietor [who] intends to act as a general contractor or principal employer" may provide either a certificate of workers' compensation insurance or a "sworn notarized affidavit... stating that he will require proof of workers' compensation insurance for all those employed on the job site in accordance with this chapter."

Please check one:

1. ☐ I do not intend to act as a general contractor or principal employer.
[Sign and stop here]

Signature of applicant

2. ☐ I intend to act as a general contractor or principal employer. Applicant must either provide a certificate of workers' compensation insurance or sign the affidavit below.

.....
Affidavit

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he files his intent to accept coverage.

Signature of applicant

Subscribed and sworn to before me this _____ day of _____, 200__.

(Notary Public/ Commissioner of the Superior Court)



OFFICE OF THE BUILDING OFFICIAL

Town Of Stonington

(860) 535-5075 • Fax (860) 535 - 1023

INSTRUCTIONS APPLICATIONS FOR BUILDING PERMIT

FORM: In order to enable us to respond to your request for a Building Permit, please complete the attached form in its entirety. Applicable Code publications are available for reference in the Office of the local Building Official and at many larger public libraries.

ADDITIONAL INFORMATION REQUIRED WITH APPLICATIONS

1. _____ Zoning Approval/Permit
2. _____ Fire Marshal Approval (if required)
3. _____ Copy of Home Improvement Contractor's CT License (if applicable)
4. _____ Copy of Certificate of Insurance indicating Worker's Compensation coverage for contractor or signed and notarized waiver (if applicable)
5. _____ Existing septic system information including but not limited to location on the property, size of septic tank, location and type of leaching area.
6. _____ Two Complete sets of building plans showing:
 - a. Front, side and rear elevations
 - b. Foundation plan
 - c. Floor plan (if an alteration to existing floor plan, please provide a before and after plan)
 - d. Framing plan
 - e. Building specifications and dimensions
7. _____ Two copies of engineered septic system plan
(for new construction and septic system repairs)
8. _____ RES Check – required for new construction (in accordance with International Energy Conservation Code 2009 – effective 10/7/2011)
9. _____ All Current Town Taxes and Sewer Use Charges Paid to Date
(Town Ordinance)

FEE SCHEDULE: \$10.00/for the first \$1,000. of the estimated cost of construction;
\$8.00/\$1,000 after the first \$1,000 of estimated cost of construction.
(This does not apply to zoning permit fees)

**NOTE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING,
HEATING, WELL AND SEPTIC SYSTEMS**